

Case Manager 3/9 Month Telephone Contact Guide

Individual Name		Medicaid No.		Case Manager Name	
Region	Date of Contact	Name of Person Information Obtained From	Relationship to Individual	<input type="checkbox"/> 3-Month	<input type="checkbox"/> 9-Month
Date SAS checked to ensure services are being provided:			Date of review of service usage and budget balance:		
Any problems identified:					

Questions To Ask Individual or Responsible Party

Has the individual's financial situation changed? ☐ Yes ☐ No

If yes, explain:

Have other insurance or resources changed? ☐ Yes ☐ No

If yes, explain:

Have services changed since the last call or visit? ☐ Yes ☐ No

If yes, explain:

What are the names of the current service providers?

Is the individual/family satisfied with his/her provider? ☐ Yes ☐ No

If no, explain:

Are adaptive aids or home modifications pending? ☐ Yes ☐ No

If yes, explain:

Are there any problems or unresolved issues related to the MDCP program and/or the MDCP providers delivering services to the individual? ☐ Yes ☐ No

If yes, explain in detail:

Has the individual been hospitalized in the past three months? ☐ Yes ☐ No

If yes, explain:

Has the individual's medical condition changed in the past three months? ☐ Yes ☐ No

If yes, explain:

Are there any new physician orders for MDCP providers in the past three months? ☐ Yes ☐ No

If yes, explain:

Any changes in the individual's medical condition or in the physician orders should be discussed with the MDCP nurse to evaluate the potential need for a re-evaluation of the TILE score.

Any other concerns expressed:

Actions Required/Taken:

Overall Individual Satisfaction with the Program

☐ **A=**Outstanding ☐ **B=**Very Good ☐ **C=**Adequate ☐ **D=**Needs Improvement ☐ **E=**Poor

Reminders to individual/family:

Report suspected abuse and neglect.

Notify staff of any changes in SSI or TANF eligibility.

Be aware of 60-day break in service.

Monitor the budget.

Review rights and responsibilities.

Other:

Notes:
